Minutes of the **Prescribing and Medicines Management Group** held via Microsoft Teams, on **Wednesday, 10th February 2021.**

Present:	Dr Andrew Tresidder	Chair, CCG GP Patient Safety Lead
	Dr David Davies (DD)	West Somerset Representative
	Steve Du Bois (SDB)	Somerset NHS Foundation Trust Chief Pharmacist
	Dr Adrian Fulford (AF)	Taunton Representative
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Dr Piers Jennings (PJ)	Central Mendip & Frome Representative, LMC Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Dr James Nicholls (JN)	West Mendip Representative
	Daniela Wilson (DW)	Prescribing Technician, CCG
Apologies:	Kyle Hepburn (KH)	LPC Representative
	Dr Catherine Lewis (CL)	Bridgwater and North Sedgemoor Representative
	Carla Robinson	Public Health Representative

1 APOLOGIES AND INTRODUCTIONS

Apologies were provided as detailed above.

2 REGISTER OF MEMBERS' INTERESTS

2.1 The Prescribing and Medicines Management Group received the Register of Members' Interests relevant to its membership.

There were no further amendments to the Register.

Dr Andrew Tresidder declared a non-financial personal interest in Bach flower remedies and advised that he has provided staff in hospitals and primary care with various essences recently, free of charge.
Register checked, interest has been declared.

-Noted.
The Prescribing and Medicines Management Group noted the Register of Members' Interests.

3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

3.1 Under the CCG's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is

excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated member of the Prescribing and Medicines Management Group.

There were no declarations of interest relating to items on the agenda.

4 MINUTES OF THE MEETING HELD ON 10th February 2021

4.1 The Minutes of the meeting held on 10th February were agreed as a correct record.

4.2 Review of action points

All items were complete.

5 Matters Arising

5.1 Discharge Medicines Service

The NHS Discharge Medicines Service (DMS) launches on Monday 15th February as an essential service under the Community Pharmacy Contractual Framework.

The intention of the service is for the Trusts to refer patients to their regular community pharmacy with good clear information about changes made to medicines in hospital, which will enable community pharmacy contractors to work effectively with their pharmacy colleagues in general practice to support patients on discharge to improve outcomes, prevent harm and reduce readmissions. Where new medicines have been commenced, the community pharmacist may also be able to provide further support via other commissioned services, such as the New Medicines Service, where this would be clinically appropriate and where the patient meets the eligibility criteria. Pilots conducted throughout the country have been successful.

In Somerset we are not in a position to roll this service out from the start date due to IT issues. We have the aspiration to get this service up and running over the next six to twelve months. Discussions are ongoing around the IT systems, pathway and which patients will be involved in the service. SG highlighted that initially the service should be prioritised for high risk patients and those with the most changes to their medicines, in order to avoid overwhelming community pharmacies and ensure a high quality service.

The group noted the DMS toolkit for pharmacy staff in community, primary and secondary care.

5.2 2021/22 Scorecard

The following was agreed for the 2021/22 scorecard:

New indicators:

- **Gliflozins as a % of gliflozins+gliptins** – target 50%

- **Solifenacin /oxybutynin 2.5mg/5mg tablets as % of all Anticholinergic incontinence drugs** – target 65%

- **Sip feed spend per 1000 patients** – target to remain below £513/1000 patients (CCG average), or if above £513 at baseline then to reduce spend by at least 10%

- **Inhixa as a % of all Enoxaparin prescriptions** – target 50% (practices served by RUH will automatically be green)

At present we have low use of Inhixa but potentially all new patients will be discharged on this brand, excluding RUH patients (SG has raised this with RUH). Inhixa provides a significant saving for both the CCG and the Trusts. The group discussed several options for this indicator in order to avoid those practices which are served by the RUH being at a disadvantage. It was agreed that practices which are served by RUH will automatically be green on this indicator.

Indicators to be removed:

- **Alogliptin as % of all gliptins**

- **Generic alendronate as % bisphosphonate**

- **Reduction in Vitamin B compound prescribing**

- **Preferred sip feeds as % all sip feeds**

5.3 Covid-19 vaccinations

The COVID-19 vaccination programme is going very well in Somerset and we are ahead of other parts of the region and country. The vast majority of cohorts 1 to 4 have been vaccinated ahead of the target which is this week. We will shortly be extending to cohorts 5 and 6, which are potentially bigger volumes of patients. We are in a good position to move forwards to the other cohorts. Second vaccination doses are on the horizon and a lot of work is going on behind the scenes.

At present Somerset has 13 PCNs, 3 pharmacy sites, 2 mass vaccination sites and the two Acute Trusts offering vaccinations. All parts of the system have pulled together and made a remarkable effort in this positive success story. We have GP returners and Continuing Healthcare (CHC) Nurses helping to administer vaccines. CCG staff have been supporting the vaccination sites with administration.

PAMM members reported that patients have been phenomenally appreciative and practices have received many positive letters of appreciation for the organisation and spirit of the programme. Feedback from staff involved is that they feel a real sense of worthiness to what they are doing and it has been a privilege to be a part of.

5.4 Infections management guidance update

Helen Spry has updated the CCG infections management guidance, taking into account the updated NICE guidance and in liaison with the local Microbiologist.

Historically metronidazole has been the first line treatment for Clostridium difficile (C. diff) then escalating to vancomycin if metronidazole is ineffective. NICE now recommend using vancomycin as first line treatment. The group had a discussion around this and raised the issue that vancomycin doesn't tend to be readily available in community pharmacies (the cost is £132 per 28 capsules) so there is a risk that patients may not be able to obtain it immediately. SG has fed this issue back to NICE and advised that the CCG are looking into the different options which could be put into place for obtaining vancomycin. PAMM queried the possibility of adding it to the community pharmacy extended stock list.

The group approved the updated guidance.

Distribute updated infections management guidance. **Action: Helen Spry**

Upload to website. **Action: Daniela Wilson**

5.5 Practical Guidance for GPs - Covid19 Patients in Care Homes

SG has raised a number of issues with this guidance and its launch has been paused. The LMC and Public Health specialists have fed back their comments and SG has passed these on.

One of the main issues flagged was around the use of oxygen and dexamethasone in the community. National guidance is very clear that for patients with COVID who are being ventilated or having high concentration oxygen then dexamethasone does tend to improve outcomes. However that guidance also states that in patients who are not on oxygen, there is a trend towards worse outcomes with dexamethasone. There are concerns that patients in care homes potentially won't be on oxygen but this guidance may be misinterpreted to say that they should be getting dexamethasone.

PAMM do not support this guidance and will await a revised version.

6 Other Issues for Discussion

6.1 Dapagliflozin for treating chronic heart failure with reduced ejection fraction

SG recently met with the diabetes specialists. Part of the discussion was around the use of SGLT2 inhibitors due to the cardiovascular disease (CVD) outcome evidence and the fact that the current NICE guidelines which are quoted in the formulary are now a number of years out of date.
The group noted the American Diabetes Association guidance: Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes 2021. This guidance is more up to date and highlights the fact that SGLT2 inhibitors have good CVD outcomes and we shouldn't just be concentrating on reducing HbA1c we should be using drugs that give better

outcomes. PAMM approve of linking this document in the formulary.

Add link to ADA guidance in the formulary. **Action: Daniela Wilson**

NICE have released a final appraisal document around the use of Dapagliflozin for treating chronic heart failure with reduced ejection fraction. This was approved at the Somerset NHS Foundation Trust D&TC last month. PAMM approve, pending NICE publication.

7 Other Issues for Noting

None this month

8 Additional Communications for Noting

8.1 Dipstick & link to UTI antibiotics in over 65s - week 55 update

At week 55 the rate of prescribing linked to UTI dipsticks was 57.6% lower than the week 1 baseline. Some practices are down to zero use whilst others still have some work to do. This quality improvement project is very much achieving what it set out to do. SG thanked practices for their work on this.

-Noted.

8.2 Cancard – cannabis

The Medicines Management team have been contacted by several practices querying the use of 'Cancard' - a card which can be produced to Police to demonstrate that a person's possession of non-prescribed cannabis is for medical reasons.

The Department of Health and Social Care and the Home Office are quite clear that they do not endorse and/or support this. The view remains that the cannabis product would need to have been prescribed (and supplied) in line with the 2018 regulations in order for there to be lawful possession.

The CCG does not support the use of Cancard and recommends that practices do not support its use and do not sign these. Communications around this have gone out to primary care.

-Noted.

8.3 Good news - reduced mortality from Asthma

We have all worked hard with patients and respiratory colleagues over the last 15+ years to improve our position on asthma deaths (both adult and children) led by Steve Moore, Steve Holmes and colleagues from the system respiratory group with excellent support from GPs, practice respiratory nurses and community pharmacists.

SG was very pleased to report the latest available national data which shows

that Somerset has the lowest asthma mortality in the South West region. There is still always ongoing work to be done as new patients are diagnosed and new clinicians move into Somerset – and every asthma death is a tragedy.
The CCG have a nationally recognised work-stream to ensure respiratory patients have good technique by aligning their inhalers to either MDI or DPI (not both) which is progressing well with thousands of Somerset patients switched in the current year despite COVID, doubling the percentage on a single type of inhaler.
Improved technique from being on a single type of inhaler has helped our patients and Somerset has now reached number one in England for the two main indicators of SABA vs ICS prescribing and reducing high dose inhaled steroid prescribing.
We are also working with patients and prescribers to ensure we now prescribe more inhalers with a lower carbon footprint as outlined in the 5 year plan.
We identify patients with excess requests for inhalers, oral steroids, etc., although over ordering is not to be mixed up with over use.
Pre COVID, Steve Moore and the MM team provided regular training for practice respiratory nurses via the LMC education program.
There is a regional work stream going on around childhood asthma.

SG shared his thanks for all the hard work colleagues have put in to this agenda.

-Noted.

8.4 Freestyle Libre 2

Somerset CCG was one of the first CCGs in the country to approve prescribing of Freestyle Libre. Somerset also has some of the highest prescribing of Freestyle Libre in the country, significantly exceeding the 20% of our Type 1 diabetic population which was funded by NHS England.
Although that central funding ends at the end of March 2021, Somerset CCG remains committed to maintaining the prescribing of Freestyle Libre.
Freestyle Libre 2 is now available to prescribe with the added alarm functionality and is now on EMIS. Patients will need to request a new reader for Libre 2 or update the app on their phone.
Before practices start to switch prescribing from Freestyle Libre to Freestyle Libre 2, the MM team strongly recommend that practices ensure that patients have been using it appropriately and there have been improvements in time in range and HbA1c demonstrated.
We would also recommend that requests for blood glucose testing strips in Libre patients are reviewed at the same time and excessive quantities queried and repeat quantities reduced if appropriate

-Noted.

8.6 Monthly Supply Issues Update February 2021

-Noted

9 Formulary Applications

9.1 Desizon® (Zonisamide) 20 mg/ml oral suspension, Desitin Pharma Ltd

£181.90 per 250ml.

Desizon 20 mg/ml oral suspension is indicated as:

- monotherapy in the treatment of partial seizures, with or without secondary generalisation, in adults with newly diagnosed epilepsy
- adjunctive therapy in the treatment of partial seizures, with or without secondary generalisation, in adults, adolescents, and children aged 6 years and above.

Approved, as a recommendation over the unlicensed special.

Add to specials guidance. **Action: Helen Spry**

9.2 Tadalafil 5mg tablets once daily for lower urinary tract symptoms (LUTS) /Benign Prostatic Hyperplasia (BPH)

This formulary application was a recommendation from the Urology team and has been approved at Somerset NHS Foundation Trust D&TC.

Approved.

Add to formulary and TLS **GREEN**.

Action: Daniela Wilson & Zoe Talbot-White

9.3 Trixeo Aerosphere® 5 micrograms/7.2 micrograms/160 micrograms pressurised inhalation, suspension, AstraZeneca UK Limited

£44.50 (120 puffs)

Trixeo Aerosphere is indicated as a maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta2-agonist or combination of a long-acting beta2-agonist and a long-acting muscarinic antagonist.

Approved.

Add to formulary. **Action: Daniela Wilson**

The group noted an inhaler VENN diagram produced by Caroline Taylor on the Medicines Management team. They felt that this document was very useful and requested that it be updated to include the newer inhalers and shared in the MM newsletter.

Update inhaler VENN diagram. **Action: Caroline Taylor**

Share inhaler VENN diagram in MM newsletter. **Action: Steve Moore**

9.4 Bevespi Aerosphere® 7.2 micrograms/5 micrograms pressurised inhalation, suspension, AstraZeneca UK Limited
£32.50 (120 puffs)

Bevespi Aerosphere is indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).

Approved.

Add to formulary. **Action: Daniela Wilson**

9.5 Atectura Breezhaler®, Novartis Pharmaceuticals UK Ltd
125 micrograms/62.5 micrograms inhalation powder, hard capsules, £17.49 (30 plus inhaler)

125 micrograms/127.5 micrograms inhalation powder, hard capsules, £21.50 (30 plus inhaler)

125 micrograms/260 micrograms inhalation powder, hard capsules, £27.97 (30 plus inhaler)

Atectura Breezhaler is indicated as a maintenance treatment of asthma in adults and adolescents 12 years of age and older not adequately controlled with inhaled corticosteroids and inhaled short-acting beta2-agonists.

Approved.

Add to formulary. **Action: Daniela Wilson**

9.6 Enerzair Breezhaler® 114 micrograms/46 micrograms/136 micrograms inhalation powder, hard capsules, Novartis Pharmaceuticals UK Ltd
44.50 for 30 plus inhaler (with or without sensor)

Enerzair Breezhaler is indicated as a maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta2-agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year.

Approved.

Add to formulary. **Action: Daniela Wilson**

10 Reports From Other Meetings

Feedback

10.1 Primary Care Network Feedback

PJ raised a query around consumable products following a request from a community hospital for the GP to prescribe catheters for a patient who regularly attends the ambulatory care unit for changes. He had previously queried this in 2019 and was advised that the hospital supply these products for patients under ambulatory care. SDB will follow this up with the ambulatory care lead and the particular unit.

Nothing to report from the other PCNs.

Summary

10.2 Clinical Executive Committee Feedback – Last meeting 03/02/21

Due to focus on the pandemic and delivery of COVID vaccinations, the contractual position with acute providers has been rolled over to quarter one next year.

Discussions are ongoing around the Integrated Care System (ICS) proposals and consultations.

10.3 YDH Medicines Committee meeting – Next meeting 12/03/21

10.4 Somerset NHS Foundation Trust D&TC – Next meeting 12/02/21

10.5 Somerset NHS Foundation Trust Mental Health D&TC – Next meeting 09/03/21

10.6 T&S Antimicrobial Prescribing Group – Next meeting TBC

10.7 South West Medication Safety Officer Network Meeting – Next meeting 02/03/21

10.8 LPC Report

No LPC representative at this meeting.

10.9 Exceptional items from out of area formulary meetings

Nothing to report.

10.10 RMOC Update

Nothing to report.

11 Current Performance

11.1 Prescribing Update

- The end of year forecast spend is £86,869,703 which is now over £3M above budget. This gross forecast does not take into account the expected costs of influenza and pneumococcal vaccines which are passed to public health, which are currently £1,278,701. This figure reflects the huge uptake in vaccinations this year which has contributed to the lowest incidence of influenza. Category M price rises and NCSO monthly price concessions awarded due to poor medicines supply in the system are both continuing to contribute to price inflation. There was a category M rise in prices for the 3 months from January 2021 which may further impact the outturn position.

- Workforce risks exist in community pharmacy and acute trusts. A pharmacy workforce strategy is being developed as part of the Integrated Pharmacy and Medicines Optimisation Transformation Strategy. From April 2021 PCNs can employ additional pharmacists and restrictions on the number of pharmacy technicians which can be employed are removed.

- Despite the COVID-19 impact on primary care there has still been excellent engagement from practices to improve their scorecard position. There has been a further improvement in the scorecard new quality indicators with 566 greens achieved in November. There were 543 scorecard greens in August, against 505 in July, 434 in June, and 413 in May.

- Somerset CCG now has the lowest reported asthma mortality in the region alongside being the best CCG on a number of respiratory national benchmarking targets. The CCG team continue to engage with PCNs and practices on the respiratory agenda to continue this longstanding work stream and progress.

- November saw the launch of the COVID-19 vaccination program which the medicines management team have supported with reviews of PCN sites and advice to PCN teams.

- The Somerset ICS Medicines Optimisation committee will hold its first meeting in February and will report to the Somerset Prescribing Forum.

- The Medicines Safety Officer (MSO) continues to update eclipse live with new alerts to identify patients at risk of harm. Engagement with this safety tool continues to improve, with most practices seeing the benefits.
  The MSO continues to slowly progress the application to link patient admissions data (SUS) to prescribing data via eclipse live so that GP practices can have a fuller picture of patient outcomes. A number of other CCGs have already rolled this out via a system called VISTA – however the Somerset work has been delayed because of our different reading of IG rules. Somerset benchmarks well on most national safety metrics, but still have some where improvements are required.

11.2 November Scorecard Primary Care Network Trend

Despite COVID pressures, the scorecard position is continuing to improve. SG repeated his thanks for all the work colleagues are doing to support this agenda.

-Noted.

12 Rebate Schemes

12.1 None this month

13 NICE Guidance February

-Noted

14 NICE Technology Appraisals

14.1 None this month

15 NICE Clinical Guidance

15.1 [NG12] Suspected cancer: recognition and referral

-Update.
Amended recommendation on when to offer faecal testing for colorectal cancer to include the full list of criteria.
-Noted.

SG has flagged this to the cancer team.

16 Risk Review and Management

No new risks to report.

17 Safety Items, NPSA Alerts and Signals

17.1 Changes to MHRA Drug alert titles and categories

The MHRA has made further changes to the way they issue safety messaging to healthcare providers. 'Drug alerts' and 'company led Drug alerts' will no longer be issued. These are being replaced by a 'Medicines recall/notification', which will have the same layout and format. They are making these changes in line with their accreditation as an issuer of National Patient Safety Alerts and will no longer issue any safety communication which is called an 'alert' unless it is a National Patient Safety Alert.

-Noted.

17.2 NIHR Signal: People with diabetes with a low risk of developing foot ulcers can be screened less often, study suggests

-Noted.

17.3 NIHR Signal: Aspirin could reduce the risk of heart attack or stroke in people with pneumonia, research suggests

-Noted.

17.4 NIHR Signal: Older people move safely from hospital to home when staff communicate widely and bridge gaps in the system

-Noted.

17.5 NIHR Signal: Lockdown raised anxiety in people with anorexia and their carers, but online resources helped

-Noted.

18 BNF Changes

18.1 BNF Update January

-Noted.

18 Any Other Business

18.1 PCN Representation

It was highlighted that some PCNs are currently without representation at PAMM. It was proposed to write to PCNs to thank them for their representation and also to flag to those PCNs without specific members that they might like to think about nominating somebody to represent them.
The group appreciate that recruitment may be difficult at present due to covid, however there are concerns around being quorate if a member is unable to attend due to leave, etc.

Write to PCNs regarding PAMM representation.

Action: Shaun Green and Andrew Tresidder

DATE OF NEXT MEETINGS

10th March 2021 (SPF following)
14th April 2021
12th May 2021 (SPF following)
9th June 2021
14th July 2021 (SPF following)
8th September 2021 (SPF following)
13th October 2021
10th November 2021 (SPF following)